

# ADVERSE ACTION EXTRACT FOR SNFs AND NFs

## PART 1

1. PROVIDER NUMBER

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2. DATE OF SURVEY

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(M M D D Y Y)

3. TYPE OF SURVEY

01 Standard Health

02 Validation (FMS) Survey

03 Abbreviated Survey

04 Extended Survey

05 Partial Extended Survey

06 Revisit

07 Life Safety Code

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4. NAME AND ADDRESS

5. DATE CMS-2567 SENT TO FACILITY .....

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(M M D D Y Y)

6. FORM ORIGINATION DATE .....

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(M M D D Y Y)

7. NATURE OF NONCOMPLIANCE (IF YES ENTER 'Y')

☐

Immediate jeopardy?

☐

Repeated substandard quality of care for 3 consecutive standard health surveys?

☐

Past noncompliance with civil money penalties imposed?

8. DATE CERTAIN .....

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9. DATE IMMEDIATE JEOPARDY REMOVED .....

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10. REVISIT DATE 1 .....

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11. DATE ENTIRE FACILITY IS BACK IN .....

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SUBSTANTIAL COMPLIANCE

12. REVISIT DATE 2 .....

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13. DATE FINAL NOTICE SENT TO FACILITY .....

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14. INFORMAL DISPUTE RESOLUTION DATE .....

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(M M D D Y Y)

15. TERMINATION DATE .....

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(M M D D Y Y)

16. ALLEGATION OF COMPLIANCE RECEIVED

(IF YES ENTER 'Y') .....

☐

17. ENTITY TAKING FINAL ACTION

(1=CMS, 2=MEDICAID STATE AGENCY) .....

☐

18. HEARING REQUESTED

(IF YES ENTER 'Y' AND COMPLETE PART 2) .....

☐

19. LOSS OF APPROVAL FOR NURSE AIDE TRAINING

PROGRAM

(IF YES ENTER 'Y', IF N/A ENTER 'A') .....

☐

### TYPE OF REMEDY

01 STATE MONITORING

02 DIRECTED PLAN OF CORRECTION

03 TEMPORARY MANAGEMENT

04 DENIAL OF PAYMENT FOR NEW ADMISSIONS

05 DENIAL OF PAYMENT FOR ALL RESIDENTS

06 DIRECTED INSERVICE TRAINING

07 CIVIL MONEY PENALTY

08 CMS APPROVED ALTERNATIVE STATE REMEDY

09 TRANSFER OF RESIDENTS/CLOSURE OF THE FACILITY

10 TRANSFER OF RESIDENTS

11 PROPOSED TERMINATION

20. REMEDY


21. PROPOSED EFF DATE

(M M D D Y Y)


22. PROPOSED AMOUNT

PER DAY


23. REVISION

CODE (M/R)


24. EFF DATE

(M M D D Y Y)


25. END DATE

(M M D D Y Y)


### CIVIL MONEY PENALTIES

26. ADJUSTED AMOUNTS PER DAY .....

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\$

\$

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DATE TOTAL AMOUNT DUE

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(M M D D Y Y)

DATE TOTAL AMOUNT PAID

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(M M D D Y Y)

TOTAL AMOUNT DUE \$

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**ADVERSE ACTION EXTRACT FOR SNFs AND NFs**

**PART 2**

		(M M D D Y Y)
27. DATE REQUEST FOR ADMINISTRATIVE APPEAL RECEIVED BY CMS: .....		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
28. ADMINISTRATIVE LAW JUDGE (ALJ) DECISION: DATE RENDERED: .....		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<div style="background-color: #cccccc; width: 300px; height: 15px; display: inline-block;"></div> 29. *CMS DETERMINATION: .....		<input type="text"/>
30. DEPARTMENTAL APPEALS BOARD (DAB) DECISION: DATE RENDERED: .....		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<div style="background-color: #cccccc; width: 300px; height: 15px; display: inline-block;"></div> 31. *CMS DETERMINATION: .....		<input type="text"/>
32. DATE APPEAL FILED IN THE U. S. DISTRICT COURT: .....		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
33. U. S. DISTRICT COURT DECISION: DATE RENDERED: .....		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<div style="background-color: #cccccc; width: 300px; height: 15px; display: inline-block;"></div> 34. *CMS DETERMINATION: .....		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
35. DATE APPEAL FILED IN THE U. S. CIRCUIT COURT OF APPEALS: .....		<input type="text"/>
36. U. S. CIRCUIT COURT OF APPEALS DECISION: DATE RENDERED: .....		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<div style="background-color: #cccccc; width: 300px; height: 15px; display: inline-block;"></div> 37. *CMS DETERMINATION: .....		<input type="text"/>
38. DATE REQUEST FOR ADMINISTRATIVE APPEAL RECEIVED BY STATE: .....		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
39. ADMINISTRATIVE DECISION: DATE RENDERED: .....		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<div style="background-color: #cccccc; width: 300px; height: 15px; display: inline-block;"></div> 40. *STATE DETERMINATION: .....		<input type="text"/>
41. DATE APPEAL FILED IN THE STATE DISTRICT COURT: .....		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
42. STATE DISTRICT COURT DECISION: DATE RENDERED: .....		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<div style="background-color: #cccccc; width: 300px; height: 15px; display: inline-block;"></div> 43. *STATE DETERMINATION: .....		<input type="text"/>
44. DATE APPEAL FILED IN THE STATE COURT OF APPEALS: .....		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
45. STATE COURT OF APPEALS DECISION: DATE RENDERED: .....		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<div style="background-color: #cccccc; width: 300px; height: 15px; display: inline-block;"></div> 46. *STATE DETERMINATION: .....		<input type="text"/>

<b>DATE(S) APPEAL FILED ON BEHALF OF THE FACILITY IN STATE SUPERIOR COURT(S):</b>		<b>(M M D D Y Y)</b>
47. COURT: _____	48.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
_____		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<b>STATE SUPERIOR COURT(S) DECISION(S) RENDERED:</b>	
49. COURT: _____	50. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<div style="background-color: #cccccc; width: 300px; height: 15px; display: inline-block;"></div> 51. *STATE DETERMINATION: .....	<input type="text"/>
	<input type="text"/>

**\* (CMS / STATE DETERMINATION CODES ARE (R = REVERSED, S = SUSTAINED, M = MODIFIED))**

## ADVERSE ACTION EXTRACT FOR SNFs AND NFs

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### A. General

The CMS 462L is an integral tool in the implementation of the CMS regulation HSQ-156-F, Medicare and Medicaid Programs: Survey, Certification and Enforcement of Skilled Nursing Facilities and Nursing Facilities. The regulation sets forth Federal requirements which make significant changes to the process of surveying skilled nursing facilities under Medicare and nursing facilities under Medicaid, and to the process for certifying that these facilities meet the Federal requirements for participation in the Medicare and Medicaid programs. It also specifies the types of remedies which may be imposed on facilities that do not comply with the Federal program participation requirements, instead of or in addition to termination of a facility's participation.

The form is designed to track critical adverse action — related information for skilled nursing facilities and nursing facilities. Such information includes survey type and date, the basis for CMS's or the State's decision to impose remedies; remedy type and duration, appeals and hearing information, as well as other data associated with the imposition of remedies against these facilities. The form is initiated when noncompliance with requirements in a facility is identified and remedies are proposed. It is not completed for a facility in substantial compliance.

### B. Instructions for completing the form

#### Part 1

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- Item 1* Enter the facility's 6-digit Provider Number.
- Item 2* Enter the date of survey. Refer to section 7304.C of the SOM to determine this date. For an abbreviated survey, use the last day onsite.
- Item 3* Using codes 01 – 07, indicate the type of survey during which the noncompliance was identified that triggered the proposed and/or imposed remedy or remedies.
- Item 4* Record the name and address of the facility.
- Item 5* Enter the date that the State survey agency or CMS sent the CMS-2567 (the Statement of Deficiencies and Plan of Correction) to the facility.
- Item 6* Enter the date on which this form was initiated. This date should be equal to or greater than the date in item 5, above.
- Item 7* Answer "Y" if applicable for each of these three questions. These fields may be left blank if none of the choices describes the nature of the noncompliance.
- Item 8* Enter the "Date Certain" (the date upon which the State Survey agency expects correction of the facility's deficiencies and on which it will certify noncompliance to CMS if those deficiencies are not corrected).
- Item 9* If applicable, enter the date on which the facility removes immediate jeopardy.
- Item 10* Enter the date of the first revisit, if applicable.
- Item 11* Insert the date on which the entire facility is back in substantial compliance, as defined at part 42 CFR §488.301 Substantial Compliance.

- Item 12* Enter the date of the second revisit, if applicable.
- Item 13* Enter the date that CMS or the Medicaid State Agency sent the final notice of imposition of remedies (the letter informing the facility of the remedy or remedies to be imposed, the effective date or dates, and the facility's appeal rights).
- Item 14* Enter the date on which the informal dispute resolution process ended.
- Item 15* If applicable, insert the date on which the facility is terminated. This date cannot be later than six months after the date of survey.
- Item 16* Indicate by inserting a "Y" if an allegation of compliance was received from the facility. Field should be left blank if no allegation of compliance is received.
- Item 17* Indicate the entity (CMS or the Medicaid State Agency) which is taking the enforcement action (i.e., imposing the remedy or remedies).
- Item 18* Indicate whether the facility requested an appeal of the determination of noncompliance made by CMS or the Medicaid State Agency.
- Item 19* Indicate if the facility's approval for its nurse aide training program was rescinded.
- Item 20* Insert the code (01 – 11) for each remedy proposed for imposition against the facility.
- Item 21* Insert the proposed effective date of each remedy.
- Item 22* Insert the proposed civil money penalty amount in whole dollars per day if the remedy recorded on the corresponding field is a civil money penalty (type 07).
- Item 23* Insert the revision code for each of the corresponding remedies, if applicable. Use the revision code "M" if the corresponding remedy, proposed effective date, or proposed civil money penalty amount in item #20, #21, or #22, respectively, was changed per decision of the Medicaid State Agency. Likewise, enter code "R" if the corresponding remedy, proposed effective date, or proposed civil money penalty amount in item #20, #21, or #22, respectively, was changed per decision of the CMS RO.
- Item 24* Insert the actual effective date for each of the remedies inserted in item 20. This field is completed even if there is no revision code entered in item #23.
- Item 25* Insert the corresponding end date for each of the remedies inserted in item 20. This date cannot be later than six months after the date of survey.
- Item 26* If a civil money penalty is imposed, enter the whole dollar amount of any adjusted daily amounts subsequent to the effective date of the proposed amount (see item #22). A civil money penalty is imposed in \$50 increments in accordance with the procedures at section 7516 of the State Operations Manual and the regulations at §488.438, and may be adjusted to reflect an increase or decrease according to the regulations cited above. An example of an upward adjustment would be an increase in the penalty amount due to the emergence of an immediate jeopardy situation or repeat deficiencies. An example of a downward adjustment is the reduction of the penalty amount because of the removal of an immediate jeopardy situation. If there is no adjustment in penalty, leave this field blank.

Enter the date the total amount is due. The total amount should reflect one of the following: the full amount of the penalty imposed; the amount determined to be owed after the facility waives its right to a hearing according to the procedures at section 7526 of the State

Operations Manual and the regulations at §488.436; the amount set forth in a hearing decision.

Enter the date that the total amount of the civil money penalty is paid.

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## **Part 2**

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### **(To be completed only if the facility requests a hearing)**

- Item 27* Enter the date CMS receives an administrative appeal from the facility.
- Item 28* Enter the date the decision by the Administrative Law Judge (ALJ) is rendered.
- Item 29* Enter the status of CMS's determination of noncompliance as per the ALJ's decision (*"R" for reversed, "S" for sustained, "M" for modified*).
- Item 30* If applicable, enter the date the Departmental Appeals Board (DAB) renders its decision.
- Item 31* Enter the status of CMS's determination of noncompliance as per the DAB's decision (*"R" for reversed, "S" for sustained, "M" for modified*).
- Item 32* If the facility files an appeal in U.S. District Court, enter the date the appeal is filed.
- Item 33* Enter the date the U.S. District Court renders its decision.
- Item 34* Enter the status of CMS's determination of noncompliance as per the U.S. District Court's decision (*"R" for reversed, "S" for sustained, "M" for modified*).
- Item 35* If the facility files an appeal in the U.S. Circuit Court of Appeals, enter the date the appeal is filed.
- Item 36* Enter the date the U.S. Circuit Court of Appeals renders its decision.
- Item 37* Enter the status of CMS's determination of noncompliance as per the U.S. Circuit Court of Appeals decision (*"R" for reversed, "S" for sustained, "M" for modified*).
- Item 38* If the facility files an administrative appeal with the State, enter the date the appeal was received. *NOTE: Only Medicaid facilities may file appeals with the State.*
- Item 39* Enter the date the State renders the decision of the administrative appeal.
- Item 40* Enter the status of the State's determination of noncompliance as per the administrative decision (*"R" for reversed, "S" for sustained, "M" for modified*).
- Item 41* If the facility files an appeal in the State District Court, enter the date the appeal is filed.
- Item 42* Enter the date the State District Court renders its decision.
- Item 43* Enter the status of the State's determination of noncompliance as per the State district court's decision (*"R" for reversed, "S" for sustained, "M" for modified*).
- Item 44* If the facility files an appeal in the State Court of Appeals, enter the date the appeal is filed.
- Item 45* Enter the date the State court of appeals renders its decision.

- Item 46* Enter the status of the State's determination of noncompliance as per the State court of appeals decision ("*R*" for reversed, "*S*" for sustained, "*M*" for modified).
- Item 47* Indicate the name of the State "Court of Last Resort" (e.g., Superior Court, Supreme Court, etc.) to which the facility files an appeal.
- Item 48* Enter the date on which the State "Court of Last Resort" renders its decision.
- Item 49* Indicate the name of the State "Court of Last Resort" (e.g., Superior Court, Supreme Court, etc.) to which the facility files an appeal. NOTE: This field should be completed if the State to which the facility files an appeal has more than one "Court of Last Resort," and this court also renders a decision.
- Item 50* Enter the date on which the State "Court of Last Resort" renders its decision.
- Item 51* Enter the status of the State's determination of noncompliance as per the State superior court's decision ("*R*" for reversed, "*S*" for sustained, "*M*" for modified). Use both boxes if there were two State superior court decisions.